



Date S	Office Use Only Submitted:
Leagu	e Fee Paid:
Non-R	Lesident Fee:
(	Total \$ cash ck credit
Receiv	ved Conduct Form:
Addit	ions
	:\$
	date::\$
	:\$

		Additions		
Team Name:	Additions	.0		
Team Name last year (if played):	Division	::	date::\$:\$:\$:\$:\$:\$:\$:\$:\$:\$:\$:	
League:	Division Preference:		uate.	
Please print the following clearly. I information is correct in order for tean	f the info changes during the season, call uns to receive game changes, cancellations, p	s to update it. It is vital t blayoff information, leag	the coach's ue updates, etc.	
Coach/Manager	Phone (primary)	(secondary)		
Coach Full Address		· · · · · · · · · · · · · · · · · ·		
Coach Email	city/s Can we use this email as our primary	communication with yo	u? Yes No	
Assistant Coach/Manager	Phone (primary)	(secondary	)	
Assistant Coach Full Address:		<del> </del>		
REQUESTED DATE RESTRICTION		city	zip	
REQUESTED DITTE RESTRICTED	2.101			
Player's Name	Full Address (street,	town)	Non-Resident Fee	
1.		,		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
			_	